



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

CLASS 1 or 2

INSTITUTIONAL EVALUATION AND RECOMMENDATION

SECTION I: Candidate Information

Last Name	First Name	Middle Name	Former Name(s)		
Mailing Address (Street, RFD, PO Box)		City	State	ZIP	E-Mail Address
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Phone	Work Phone	

SECTION II: DEGREE(S) Was the Candidate awarded a degree from your institution?

☐

Yes (complete sections IV, V, and VI only)

☐

No (complete sections III, IV, V, and VI)

SECTION III: Complete this section if degrees were granted from another university

Degree & Where Earned	Major	Minor or Emphasis
Bachelor's		
Master's		
Other		

SECTION IV: Evaluation of Teacher Preparation, Class 1 or 2 Candidate

Program and Grade Level				Semester Credits Earned	Quarter Credits Earned
Elementary Program Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> K-8	<input type="checkbox"/> Other (specify)		
Secondary Program Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> 5-12	<input type="checkbox"/> Other (specify)		
Indicate Major(s) or Endorsement Area(s):					
Indicate Minor(s) or Additional Endorsement Area(s):					
K-12 Program Completed	<input type="checkbox"/> Yes	Major or Endorsement Area:			
Supervised Teaching Experience	Course Number or Description			<input type="checkbox"/> K-8 <input type="checkbox"/> 5-12 <input type="checkbox"/> Other	

SECTION V: Accreditation Information

Does your college or university hold regional accreditation from one of the accrediting bodies listed? ☐ Yes (select one) ☐ No

☐

Middle States Association of Schools and Colleges

☐

Northwest Commission on Colleges and Universities

☐

New England Association of Schools and Colleges

☐

Southern Association of Schools and Colleges

☐

North Central Association of Schools and Colleges

☐

Western Association of Schools and Colleges

Does your *educator preparation program* hold accreditation from one or more of the following?

☐

State Approval

☐

NCATE Accreditation

☐

Other (please explain)

SECTION VI: Recommendation, Seal and Signature

I hereby recommend licensure for (name of candidate):	Date
Signature	
Printed Name	
Title (Dean of Education or Licensure Official)	
Institution	
Telephone number	